



Forestry Riparian Easement Program Application

Please complete this form and return to the Small Forest Landowner Office at the address below.

1. Contact Information:

Name of landowner(s) _____

Address _____

City, State, Zip Code _____

Work phone (____) _____ Home phone (____) _____

2. County Tax Parcel Number(s) of the property where the proposed easement premises are located:

3. List all Forest Practice Application (FPA) number(s) associated with this easement:

FPA # _____ ☐ Approved ☐ Disapproved

FPA # _____ ☐ Approved ☐ Disapproved

FPA # _____ ☐ Approved ☐ Disapproved

4. Date harvest began, if applicable: _____ (This date is used to determine easement value. There are future opportunities to report this date if harvest has not begun).

5. Statement of Small Forest Landowner:

I understand that my participation in Washington State's Forestry Riparian Easement Program is conditioned upon the accuracy of my representations contained in this document and upon my compliance with all rules governing Washington State forest practices and forestry riparian easements. I certify by my signature that I am a "small forest landowner" as defined by RCW 76.13.120(2)(c) and the information I have provided is true to the best of my knowledge.

Landowner Signature _____ Date _____

Print landowner name _____

WA State Dept. of Natural Resources
Small Forest Landowner Office
PO Box 47012, Olympia, WA 98504-7012